

COUNTY OF SAN LUIS OBISPO

Environmental Health Services

SINGLE EVENT

TEMPORARY FOOD FACILITY CHECKLIST AND APPLICATION

SINGLE EVENT

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM ENVIRONMENTAL HEALTH SERVICES BEFORE OPERATING.**

The California Retail Food Code, California Health and Safety Code §114381.2 states that each temporary food facility operator shall submit a permit application to the enforcement agency.

All food vendors (both for profit and nonprofit) are required to return a signed and completed copy of this application form and a site plan two weeks prior to this event. Return to: Environmental Health Services, P.O. Box 1489, San Luis Obispo, CA 93406

(Fill in blanks or check the appropriate boxes)

1. Name, date, location of event: _____

2. The name, address and phone number of my organization/business/facility is: _____

Phone: _____

☐ I/we represent a nonprofit/charitable organization (fee exempt, must show legal proof), OR

☐ I/we represent a for profit/noncharitable organization.

3. List food to be sold or given away to the public: _____

4. Describe the proposed procedures and methods of food preparation and handling:

☐ I will be using a barbeque as part or all of the cooking process.

Non-absorbent, easily cleanable floor surfaces must extend 5 feet on all sides and the barbeque must be protected from public access by rope or other approved means.

☐ I will be providing a sneeze guard, cover or other approved method to protect my food and equipment from public contamination.

Food cooked or held on equipment positioned at the front of a temporary food facility, within range of the customers, must be protected from public contamination by covers or a sneeze guard.

5. **Homemade foods shall not be permitted** within the temporary food facility. All foods must be prepared on-site or from approved commercial facilities. Check all that apply:

☐ I am preparing my food on-site

☐ I am preparing some or all of my food off-site. Provide the name of off-site commercial facility:
(Facility must possess a valid health department permit): _____

6. Describe how food temperatures will be maintained during transport to and from a permanent food facility or other approved food facility to the event: _____

7. I am protecting my food, utensils, plates, cups, etc. from flies, dust and the public by the following method(s):

- ☐ A booth with solid lower walls at least 3 feet high, and overhead protection constructed of either wood, canvas, plastic or similar materials, and fine mesh fly screening, completely enclosing open food areas, with service windows no larger than 1.5 sq. feet, floors constructed of concrete, asphalt, tight wood, or other cleanable material, and shall display required signage.

-OR-

I am protecting my **pre-packaged food and food storage area** by the following method(s):

- ☐ An open-air booth with solid, three-foot high walls constructed of either wood, canvas, plastic or similar material, and required signage.

8. Describe the materials and methods used to construct the temporary food facility: _____

REQUIRED: Handwashing station consisting of water container with a hands-free spigot, waste water catch basin, pump soap, paper towels, and a trash receptacle.

9. Handwashing facilities will be provided by the following method(s):

- ☐ A container capable of providing a continuous stream of water that leaves both hands free to allow vigorous rubbing with soap and water for 10-15 seconds. (only for events three days or less).
- ☐ Handwashing sink (9"x9"x5" min.) separated from warewashing sink by 24" or 6" high splashguard. (for events three days or more)
- ☐ Other (specify): _____

REQUIRED: Utensil washing station

10. Warewashing facilities will be provided by the following method(s):

- ☐ Utensil washing station consisting of three shallow tubs: one with hot soapy water, one with hot rinse water, and one with sanitizer [i.e. bleach/water (2 Tsp bleach per gallon water)].
- ☐ Three compartment sink with two integral metal drainboards
- ☐ Two compartment sink approved and permitted for use prior to 1/1/96
- ☐ A centrally located warewashing sink shared by no more than four facilities.

11. I will be using the following sanitizing solution(s) for surface wiping cloths and utensil sanitization:

- | | |
|--|--|
| <input type="checkbox"/> 100 ppm chlorine solution | <input type="checkbox"/> 200 ppm solution of quaternary ammonium |
| <input type="checkbox"/> 25 ppm iodine solution | <input type="checkbox"/> other (specify): _____ |

12. Describe the procedures, methods, and schedules for cleaning utensils, equipment, and structures, and for the disposal of trash: _____

13. Electricity is provided for my booth's use. ☐ yes ☐ no
14. I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 135°F:
- ☐ Camp stove ☐ Steamtable and lids
- ☐ Sterno and hotel trays ☐ Electric stove top
- ☐ Double steamer ☐ Other (specify) _____
15. ☐ I am providing the following cold temperature control for the cold holding of potentially hazardous food below 45°F:
- ☐ Ice chests ☐ Ice bath and tubs
- ☐ Refrigerated truck ☐ Other (specify) _____
- ☐ Refrigerator
16. ☐ Yes, I am providing the required accurate probe thermometer to measure and verify the hot and cold holding of potentially hazardous foods during all times of booth operation.
17. Names and phone numbers of responsible persons to be present in booth during all hours of operation:
- | | |
|-------|--------|
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |
18. Draw a site plan on the back of this page that indicates the proposed layout of equipment, food preparation tables, food storage, warewashing, and handwashing equipment.
19. I have read, understand and will comply with the "Temporary Food Facility Guidelines" handout. I have enclosed my check for a permit made payable to **SLO County Health Department**.

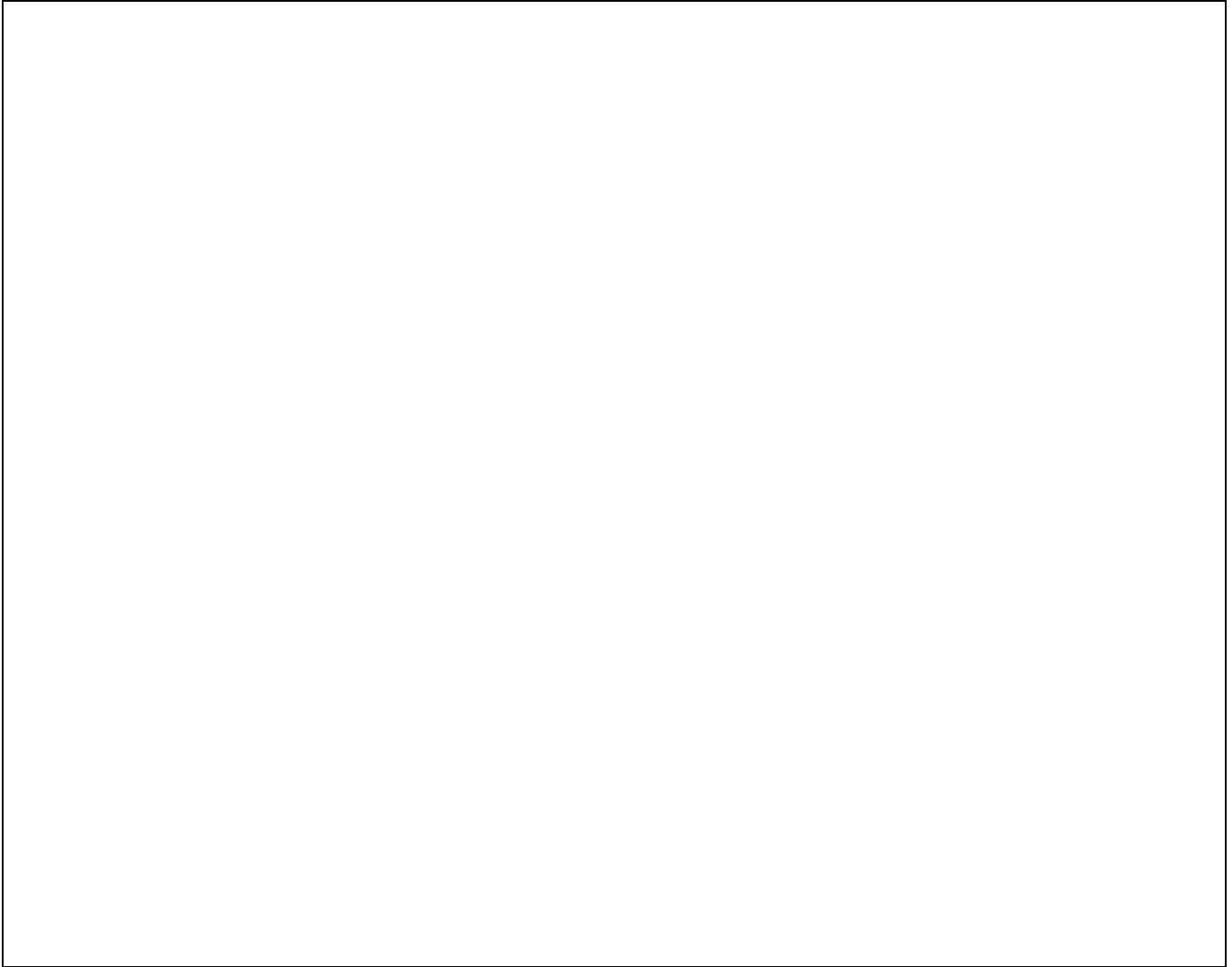
IMPORTANT: All food vendor booths are subject to inspection. Please make yourself a copy of this checklist in preparation for this event. A copy of this permit application showing the permit fee has been paid or a copy of the approved permit must be present in the booth at all hours of preparation and operation. **Return original to Environmental Health two weeks prior to this event. The approved permit will be mailed to you.**

Signature of Applicant

Date

FOOD FACILITY DIAGRAM

Indicate the proposed layout of equipment, food preparation tables, food storage, warewashing and handwashing equipment.



FOR OFFICIAL USE ONLY. DO NOT WRITE BELOW THIS LINE

AMOUNT \$ _____	() PAID _____	() STILL DUE _____
() CASH	() CHECK # _____	INITIALS _____ DATE _____
APPROVED TO ISSUE PERMIT: YES NO		
APPROVED BY: _____, EHS DATE APPROVED: _____		